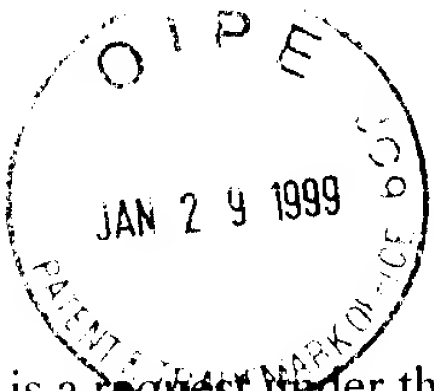
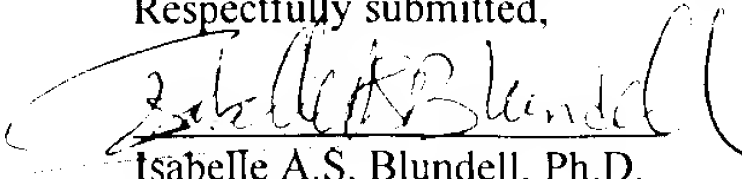


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|--|--|--|-------------------------------------|-------------------------------|------------------|--------------------------|--------------------------------|----|--------------------------|----------------------------------|----|--------------------------|---------------------------------|----|--------------------------|---------------------------------|----|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Attorney Docket Number SYP-116 | | | | | | | | | | | | | | | |
|  | In re Application of: Fuchs | | | | | | | | | | | | | | | | |
| | Application Serial No.: 08/726,093 | | | | | | | | | | | | | | | | |
| | Filed: October 4, 1996 | | | | | | | | | | | | | | | | |
| | Group Art Unit: 3728 | Examiner A. Marschel | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above entitled application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 70%;">One month (37 CFR 1.17(a)(1))</td> <td style="width: 20%; text-align: right;">\$ 110.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$</td> </tr> </table> <p><input type="checkbox"/> Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$_____.</p> <p>A small entity statement under 37 CFR 1.27:</p> <p><input type="checkbox"/> is enclosed.</p> <p><input type="checkbox"/> has already been filed in this application.</p> <p><input type="checkbox"/> A check covering in part the amount of the fee is enclosed (see attached Fee Transmittal).</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge the required fee to Deposit Account No. 20-0531. Enclosed is a copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 20-0531.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest.</p> <p style="margin-left: 100px;"><input type="checkbox"/> applicant.</p> <p style="margin-left: 100px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 100px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p style="margin-left: 100px;">Registration number if acting under 37 CFR 1.34(a). _____.</p> | | | <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ 110.00 | <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ | <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ | <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ | <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ |
| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ 110.00 | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ | | | | | | | | | | | | | | | |
| CORRESPONDENCE ADDRESS Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100 | SIGNATURE BLOCK <div style="text-align: right;">Respectfully submitted,</div> <div style="text-align: center;">  </div> <div style="text-align: left;"> Date: January 29, 1999 Reg. No. 43,321 Tel. No.: (617) 248-7634 Fax No.: (617) 248-7100 </div> <div style="text-align: right;"> Isabelle A.S. Blundell, Ph.D. Attorney for Applicant Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110 </div> | | | | | | | | | | | | | | | | |

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